14
IJ
= ==
Ų
112 11 122
= ==
a
r,
Į.
14
IJ
IJ
Ш

Signature

Date

Please type a plus sign (+) i		+ U.S. Patent	t and Trade	mark Office: U	.S. DEPARTI	PTO/SB/122 (10-00) 2002. OMB 0651-0035 MENT OF COMMERCE d OMB control number.	
CHANGE OF CORRESPONDENCE ADDRESS Application		Applicati n Number					
		Filing Date			Herew	rith	
		First Named In	ventor		SHIOYA		
• •	Group Art Unit						
Address to: Assistant Commissioner for Patents Washington, D.C. 20231		Examiner Name	е				
		Attorney Docket Number			00208	/LH	
Please change the Correspondence Address for the above-identified application to: X Customer Number Type Customer Number here OR OR							
Firm <i>or</i> Individual Name				·			
Address				. <u>.</u>			
Address						·	
City		St	tate		ZIP		
Country							
Telephone			Fax				
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).							
I am the :							
Applicant/Inventor.							
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
X Attorney or Agent of record.							
Registered executed or	practitioner named in the ath or declaration. See 3	e application tra 7 CFR 1.33(a)(/	ansmitta (1). Reg	letter in a istration N	n applica umber	tion without an	
Typed or Printed Name Leon	ard Holtz, Rec	J. No. 22	,974				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _______forms are submitted.

2002

January 40,